BESTYAVAILABLE COPY

,							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 406/35/7660												00
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		70					NTE	FEE		RATE	FEE	1
FOR		NUMBER FILED		NUMBER EXTRA		BAS	IC FEI	355.00	OR	BASIC FEE	710.00	1
TOTAL CHARGEABLE CLAIMS		70 minus 20=		50		X	9=		OR	X\$18=	900-	00
INDEPENDENT CLAIMS		5 minus 3 =		<u> </u>	2	×	X40=		OR	X80=	160-	100
MULTIPLE DEPENDE	resent .				+135=			OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TAL		OR	TOTAL	1770	ے ما
CLAIMS AS AMENDED - PART II								-	a	OTHER		
4/11/05	(Cotumn 2)			(Column 3)	Column 3) SMAL			OR	SMALL	ENTITY		
5	CLAIMS IEMAINING AFTER VENOMENT	Řů.	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total •	<u>70</u>	Minus	7	0	• O	X	9=		OR	X\$18=	Ø.	
Independent . •	5	Minus	<u> </u>	. OI AINA		X4	10=		OR	X80=	\triangleright	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		
						ADDI	OYAL FEE		OR	YOTAL ADDIT, FEE]
(0	Column 1)		(Colu		(Column 3)					•	7	
54110/	CLAIMS IEMAINING AFTER MENDMENT		HIGH NUM PREVK PAID	BEA DUSLY	PRESENT EXTRA	R/	ITE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • (09	Minus	7	0	=	XS	9=		OR	X\$18=		I
independent • ;	5	Minus	•••)	2/	X4	O=		OR	X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1:	35=		OR	+270=		
					`		OTAL			TOTAL		{
ıc	olumn 1)		(Colur	nn 31	(Column 3)	ADDI1	. PEE		g — · ·	ADDIT. FEE		4
O A	CLAIMS EMAINING AFTER		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Total	KENDMENT	Minus	PAID	run_				FEE		140:0	FEE	╣
Independent •		Minus	•••			XS	9=		OR	X\$18=		1
FIRST PRESENTA			CLAIM	<u> </u>	. X4	0=		OR	X80=			
+135= OR +270=												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." AT THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." AT THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE		
The 1-lighest Number I	reviously Pai Proviously Pai	ua For IN THI: d For (Total or	SPACE I Independe	s loss tha ent) is the	n 3, enter "3." highest numbe			propriate box			•	